



PTO/SB/06 (08-00)
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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
FOR	FOR NUMBER FILED				NUMBER	RATE	FEE	OR	RATE	FEE		
BASIC FEE (37 CFR 1.16(a))							\$ <u>370</u>			s		
TOTAL CLAIMS (37 CFR 1.16(e)) 24 minus 20 =			3 20 =	* 4	x \$_	9_=	3.36	OR	x \$=			
INDEPENDENT CLAIMS (37 CFR 1.16(b)) 2 minus 3 =				* 0	x	_=	0	OR	x <u> </u>			
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							_=_		OR	+=	
* If the	If the difference in column 1 is less then zero, enter "0" in column 2						то	TAL	406	OR	TOTAL	
CLAIMS AS AMENDED (Column 1) (Colu				- PART II umn 2)	(Column 3)	SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
AMENDMENT A	REI A	CLAIMS MAINING AFTER ENDMENT		NU PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND.	Total *	I Minus			=	x \$=			OR	x \$=		
ME	Independent (37 CFR 1.16(b)) **** Minus ***			=	x _	_=		OR OR	x=			
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							=		OR	+=	
	(Column 1) (Column 2) (Column 3)					TO ADDIT.	TAL FEE		OR _A	TOTAL DDIT. FEE		
AMENDMENT B	REI	CLAIMS MAINING AFTER ENDMENT		NU PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA	RATE x \$=	ADDI- TIONAL FEE	OR OR	RATE	ADDI- TIONAL FEE	
AD)	Total *	1	Minus	**		=				x \$=		
ME	Independent *	1	Minus	***		=				x =		
A	FIRST PRESENTATION OF M		ULTIPLE DEPENDENT		T CLAIM (37 CFR 1.16(d))		1 -	_=		OR	+=	-
(Column 1) (Column 2) (Column 3)						TOTAL ADDIT. FEE			OR _A	TOTAL DDIT. FEE		
AMENDMENT C	RE	CLAIMS MAINING AFTER ENDMENT		NU PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA	R.A	RATE x \$=	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c)) *		Minus	**		=	x \$_			OR	x \$=	
ME	Independent *		Minus	***		=	x=	=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						1	=		OR	+=	
	f the entry in column 1						T	OTAL		OR	TOTAL ADDIT. FEE	

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

57/NSON.1118

		CLAIMS AS	S FILED - PART I (Column 1) (Column 2)			mn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			24				ſ	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			Z 4 minus 20=		* <i>y</i>			X\$ 9=	36	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		*		F	X42=		OR	X84=	
MU	ILTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=	<u> </u>	OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THA				
	grading-additions are consisted for the second agreement long	(Column 1)	Secure and Secure and American	(Colu		(Column 3)	;	SMALL E	NIIIY	OR.	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 35	Minus	** 7	<u>H</u>	= //		X\$ 9=	99	OR	X\$18≃	
	Independent	* 13	Minus	***	3	= /6		X42=	430	OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1-			
							L	+140=		OR	+280≃	
(Column 1) (Column 2) (Column 3)							ΔΓ	TOTAL ODIT. FEE	529	OR	TOTAL ADDIT. FEE	
							,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= '		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X42=		OR	X84=	
L_	THS! PHESE	NTATION OF M	OLTIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=	
							AE	TOTAL DDIT. FEE	-	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	l ⊩	X42=			X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		-	//		OR	704-	
	If the enter in and	mp 4 in large start to	ha anterile est		- 40n : -	J		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE												
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												